



# Virtual Gateway

## Common Intake 4.3 is now LIVE...

### MassHealth Updates



September 2008

**MassHealth  
Policy  
Questions?**

**Please call  
MassHealth  
Customer  
Service:  
1-800-841-2900  
TTY:  
1-800-497-4648**

## Assistance now offered to Massachusetts-born MassHealth applicants when verifying citizenship

**As you know, Massachusetts requires** individuals who claim to be U.S. citizens or nationals to provide acceptable documentation of their citizenship and identity when applying for MassHealth.

**Effective September 6, 2008**, in an effort to assist individuals in obtaining acceptable citizenship documentation, MassHealth, with permission from an applicant/member, will institute an automated match process with the Massachusetts Department of Public Health Registry of Vital Records and Statistics (RVRS) to certify citizenship for a Massachusetts-born applicant or member.

**To facilitate this new process**, the Health Insurance and Health Assistance Programs portion of Virtual Gateway's Common Intake application (MassHealth / Commonwealth Care / Health Safety Net) will begin, on September 6, collecting additional information from applicants and members who grant permission for this match by requesting assistance in obtaining citizenship verification through RVRS.

**If a match is not found**, MassHealth will automatically generate a "Request for Information" (VC) notice. This notice includes a new paragraph indicating that MassHealth was unable to verify citizenship through RVRS and will require the individual to send their citizenship verification to MassHealth.

## Citizenship verification assistance: How it works...

On the **Personal Information** page: A "Yes" response to "Is this person a US Citizen/National?" results in "Does this person have proof of citizenship like a birth certificate or U.S. Passport?" appearing. If you answer "No", you will be asked whether your client, if born in Massachusetts, would like MassHealth to help verify their citizenship.

Personal Information	
First Name:*	Middle Name:
John	
Last Name:*	Suffix:
Thomson	
Applying for Programs (select all that apply):*	
<input checked="" type="checkbox"/> Health Ins. & Assistance Prog <input type="checkbox"/> None	
Demographic Information:	
Gender:*	Date of Birth:*
Male	10 / 10 / 1980
If 1 or older, is this person in school or an education program?*	
No	
If 18 or older, is this person on active duty within the United States Armed Forces?*	
No	
If 18 or older, is this person a veteran of the United States Armed Forces with an honorable discharge or did this person serve under US command during World War II or in Vietnam?*	
No	
Does this individual need long-term care services at home?*	
No	
Does this person have a Social Security Number?*	
No	
Is this person a US Citizen/National?*	
Yes	
Does this person have proof of citizenship, like a birth certificate or U.S. Passport?*	
No	
If this person was born in Massachusetts, would you like MassHealth to help verify citizenship for this person?*	
Yes	

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## Virtual Gateway Questions?

Please call  
the Virtual  
Gateway Help  
Desk:  
1-800-421-0938  
TTY:  
617-988-3301

# Citizenship verification assistance: New "Birth Information" Page

If your client grants permission to MassHealth to perform this match by answering "Yes" to the question from the **Personal Information** page, above, asking whether they want assistance verifying their citizenship, the new **Birth Information** page will appear. This page will appear for each person requesting assistance and will ask the following questions:

- Was the client's name different at time of birth?
  - First and last names are mandatory if different than the person's current name.
- City of birth
- Massachusetts hospital where person was born:
  - If you do not see the applicant's hospital in the drop-down list, select 'Other.' You will then see "If Other, please specify" and a text box where you can specify the hospital name.
- Was gender different at time of birth?
- Names of mother/co-parent (including Maiden name) and father/co-parent

**Birth Information**

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MassHealth may be able to help you verify citizenship via a birth certificate for family members born in Massachusetts. Please provide the following information regarding First Person's birth.

Was **First Person's** name different at the time of birth?\*

What Massachusetts city was **First Person** born in?▶

What Massachusetts hospital was **First Person** born at?▶

If Other, please specify\*

Was **First Person's** gender different at the time of birth?\*

At the time of **First Person's** birth, what was the name of **First Person's** mother/co-parent?

First Name:▶ Middle Name: Last Name:▶ Suffix:▶

Maiden Name:▶

At the time of **First Person's** birth, what was the name of **First Person's** father/co-parent?

First Name:▶ Middle Name: Last Name:▶ Suffix:▶

Cancel and Go BackSave and Continue

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# Also modified in Release 4.3: Change to “Immigration Status Information” page

Descriptions of two Immigration Status values on the **Immigration Status Information** page have been changed to make them clearer.

The existing values were:  
[Temporary visa/other](#)  
PRUCOL

The new values are:  
[Visitor Visa/other](#)  
PRUCOL (including Temporary Protected Status and applicant for asylum)

**Immigration Status Information**

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The citizenship status of parents may not affect the eligibility of children.

Note: If none of the immigration statuses or questions listed below apply to you, you may be eligible only for MassHealth Limited, Healthy Start, or for a child under 19, CMSP. If you are applying for only MassHealth Limited and/or CMSP or Healthy Start, and/or HSN, you do not have to give us a social security number. We will not match your name with any other agency including the Department of Homeland Security (DHS). You do not need to send proof of your immigration status. MassHealth Limited pays for emergency services only. See the MassHealth Member Booklet or the MassHealth and You Guide for more information.

Is **John Smith** a spouse, widow(er), or a dependent of someone that is on active duty or of a veteran of the United States Armed Forces with an honorable discharge or who served under US command during World War II or in Vietnam?

Is **John Smith** a victim of domestic abuse and no longer living with the abuser?

Please tell us about **John Smith's** immigration information. List all status(es) that apply to **John Smith** since **John Smith** entered the U.S.

Immigration status:	<input type="text"/>
Immigration status date:	
Immigration status:	Amerasian admitted pursuant to Section 584 of Public Law 100-202
Immigration status date:	Conditional Entrant
Immigration status:	Cuban/Haitian entrant
Immigration status date:	Deportation Withheld
Immigration status:	Granted Asylum
Immigration status date:	Granted Parole
Immigration status:	Victim of severe forms of trafficking
Immigration status date:	Legal Permanent Resident
Immigration status:	Native American with at least 50% American Indian blood born in Canada
Immigration status:	PRUCOL (including Temporary Protected Status and applicant for asylum)
Immigration status date:	Refugee
Immigration status:	Visitor Visa/other
Immigration status date:	No information

US Entry Date:  /  /

☐ Applying only for MassHealth Limited, and/or CMSP, or Healthy Start, and/or HSN

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## Also modified in Release 4.3: Signature Page for Health Insurance and Health Assistance Programs

The three paragraphs of the Health Insurance and Health Assistance Programs (MassHealth / Commonwealth Care / Health Safety Net) **Electronic Application Signature Page**, outlined in red below, have been modified:

Executive Office of Health and Human Services

Electronic Application Signature Page

**Special Instructions and Information for MassHealth, Children's Medical Security Plan, Healthy Start, Commonwealth Care, or the Health Safety Net Applications (the Health Insurance and Health Assistance Programs):**

I understand that if I am 55 or older, that after I die, MassHealth may be able to get back money from my estate. Under current practice, this does not apply to Commonwealth Care.

**This  
sentence  
has been  
added**

If you have applied for MassHealth, Children's Medical Security Plan, Healthy Start, or Commonwealth Care and think the decision about whether you are eligible is wrong y

I understand that I may have to pay a premium set by the Connector.

By signing this application, I am also certifying the identity of my children, or the children that I am the legal guardian or caretaker relative of, who are under age 16, do not have acceptable proof of identity, and are applying. I know of my own personal knowledge the place and date of birth of the children identified on this application. I also understand that this application is acknowledged as an affidavit of identity for my children under age 16, and that this information is sworn under penalty of perjury.

**This phrase has been added**

I certify that I have read or have had read to me the information on this application, including any supplements and instruction pages attached to it, and the information in the MassHealth Member Booklet

**For All Applicants or Eligibility Representatives:**

I certify that I have read or had read to me the information on this application, including any supplements and instruction pages attached to it, and that I understand my rights and responsibilities: information on this application and any supplements to my knowledge.

Signature of applicant or eligibility representative

Date:

Signature of applicant or eligibility representative

Date:

Signature of applicant or eligibility representative

Date:

**This paragraph has been added**

**Please note:**

- "MassHealth Member Booklet" is indicated in this paragraph if application is for those under age 65 – a so-called "Waiver" application
- "MassHealth and You" guide is indicated if application is for individuals age 65 or over – a so-called "Community Elder" application